Reducing Waiting Lists for Out-Patients at The Townsville Hospital

Dr Tracy Cheffins 12 Oct. 2012
Background

- 2\textsuperscript{nd} longest list in the state
- QH audit and process was unsuccessful
- First TGPN attempt also unsuccessful
- First attempt showed the quality of referrals was variable

- Needed a process that
  - identified who on the list needed an appointment
  - Educate GPs of prerequisites for specialist referral
Strategy For Change

• Engagement in partnerships
• Long wait process
  – Patient pathway choice
• Develop referral template
  – Specialist and GP collaboration
• Updated referrals with improved data quality
Long Wait Process

First patient letter + referral template from TTH

Second patient letter from TTH

Patient contacts TTH for referral template

Patient advises reason why appointment no longer required

Visit GP – fill in MDS

TTH Referral Centre

‘Long Wait’ appointment

Surgical procedure

Discharge

Patient’s name no longer held on wait list

Visit GP – fill in MDS

2 months

3 months

4-6 months
Dear ____________.

Currently we hold a referral dated _______ sent on your behalf from Dr_______ to the Orthopaedic Special Clinic at The Townsville Hospital.

What we need to know is if you still require an assessment in our Orthopaedic Special Clinic and if so how urgent that assessment needs to be.

**Option A**

If your condition has improved and you no longer require the referral:

> TAKE NO FURTHER ACTION

**Option B**

If you still require the referral, please complete BOTH of these steps:

**STEP 1**
Present to your GP within the next 3 months for review of your condition and completion of the patient assessment form

**STEP 2**
Your GP will then fax the patient assessment form to the Referral Centre on FAX – 4796 2810

We are keen to ensure our waiting lists are as accurate as possible and that our community efficiently receives the care it requires based on the level of urgency and severity of their problems.

Yours Sincerely,

Dr Andrew Johnson  
**Executive Director of Medical Services**  
**Townsville Health Service District**
Dear Patient,

Re: Neurosurgical Clinic appointment only

We have not received a response to the letter we sent on requesting you to get an update of your condition from your GP. You still have four weeks to obtain this update. However, if you do not respond you will have indicated that you no longer require a Neurosurgery Clinics appointment and your name will no longer be held on this waiting list.

If you have any questions please phone 4796 2700 Monday – Friday 8am-4pm.

If an appointment is no longer required we would be interested to know why to assist us in planning the health needs of the community.

Please tick the box that explains the reason:

☐ My condition has improved without medical assistance
☐ My condition has improved with assistance from health professionals other than hospital
☐ I had to obtain private hospital treatment
☐ I had to travel to another QLD Health Hospital for treatment
☐ Other explanation.

Please detail:

__________________________________________________________

If you completed the section above please return to:

The Townsville Hospital Surgical Referral Centre
P.O. Box 670
Townsville QLD 4810
Yours sincerely,

Dr Andrew Johnson
Executive Director of Medical Services
Townsville Health Service District
### Neurosurgery Clinic Specific Minimum Data Set

<table>
<thead>
<tr>
<th><strong>Patient Name:</strong></th>
<th><strong>Referring Doctor:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient D.O.B:**

**Patient UR:**

**Specialists:**

- Dr. Eric Guazzo
- Dr. David Anderson
- Dr. Laurence Marshman

#### Diagnosis:

- [ ]

#### Pre-Required Tests Completed:

- [ ] Yes
- [ ] No

#### Reason for Referral:

- [ ]

#### Duration of Symptoms:

- [ ]

#### Red Flag Symptoms and Signs:

- [ ] Bladder Dysfunction
- [ ] Perineal numbness
- [ ] Decreased anal tone
- [ ] Upper motor neuron signs

#### Compensation Claim Status:

- [ ] Resolved
- [ ] N/A

#### Employment Affected:

- [ ] Permanent
- [ ] N/A
- [ ] Temporary

#### Oswestry Score (back):

- [ ]

#### Neck Disability Score:

- [ ]

#### Previous Spinal Operation:

- [ ] Discectomy
- [ ] Laminectomy
- [ ] Implant, fusion

#### Fitness For Surgery - American Society of Anaesthesiologists (ASA) physical status classification:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Healthy patient</td>
</tr>
<tr>
<td>II.</td>
<td>Mild systemic disease with no functional limitation - for example, controlled hypertension</td>
</tr>
<tr>
<td>III.</td>
<td>Severe systemic disease with definite functional limitation - for example, chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>IV.</td>
<td>Severe systemic disease that is a constant threat to life - for example, unstable angina</td>
</tr>
</tbody>
</table>

#### Examinations:

**Walking Distance:** [ ] Yes

**BMI > 30:** [ ] Yes

**Dietician:** [ ] Yes

*Surgery risk increases when BMI > 30*

**Back Pain - Examine Hip:**

- [ ] Normal
- [ ] Abnormal

**Neck Pain - Examine Shoulder:**

- [ ] Normal
- [ ] Abnormal

**Conservative Management Trialled:**

- [ ] Analgesic PRN
- [ ] Regular analgesics

- [ ] Antidepressants
- [ ] Regular narcotics

- [ ] Other:

#### Spinal Steroid Injections:

- [ ] Yes
- [ ] No

**Epidural:**

- [ ] Nerve root
- [ ] Facet/3 joint

**Effect improvement in pain:** [%]

**Effect duration of improvement:**

#### Allied Health:

**Physical Therapy:**

- [ ] N/A
- [ ] Incomplete course
- [ ] Completed course (> 3 months)

- [ ] Other:

#### X-Ray Results:

- [ ] MRI:

- [ ] Nerve Conduction Studies:

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*Please attach Patient Information Form & ALL Results and Fax to 4796 2810*
# Results

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Letters sent</th>
<th>Appointments</th>
<th>Procedures</th>
<th>Max wait time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orthopaedics</strong></td>
<td>2008</td>
<td>872</td>
<td>101</td>
<td>16</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td>562</td>
<td>85</td>
<td>20</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>1129</td>
<td>208</td>
<td>25*</td>
<td>18 months</td>
</tr>
<tr>
<td><strong>ENT</strong></td>
<td>2009</td>
<td>1095</td>
<td>88</td>
<td>16</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>1372 [1227]</td>
<td>304</td>
<td>103</td>
<td>18 months</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td><strong>Neurosurgery</strong></td>
<td>2009</td>
<td>544</td>
<td>46</td>
<td>5</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>607</td>
<td>107</td>
<td>7</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>[277]</td>
<td></td>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td><strong>Urology</strong></td>
<td>2009</td>
<td>699</td>
<td>51</td>
<td>18</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>111</td>
<td>12</td>
<td>2*</td>
<td>18 months</td>
</tr>
<tr>
<td><strong>General surgery</strong></td>
<td>2009</td>
<td>1241</td>
<td>262</td>
<td>138</td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>2010</td>
<td>407 (Sent Dec)</td>
<td>407 (Sent Dec)</td>
<td>262</td>
<td>18 months</td>
</tr>
<tr>
<td><strong>Ophthalmology</strong></td>
<td>2010</td>
<td>989</td>
<td>264</td>
<td>57/116</td>
<td>2 years</td>
</tr>
</tbody>
</table>
The Evolution of a Minimum Data Set

1. Literature Review of Referral Guidelines and production of draft minimum data set

2. TGPN-CRG and Specialist Consultants review draft against their collective clinical experiences and knowledge.

3. Edit Minimum Data set as locally appropriate to produce a Clinic-specific Referral Form

4. Clinic Specific Referral Form introduced to the GP Community via the Long Wait referral process, Referral Guidelines and direct access via the TGPN website.
Issues

• Impact of Activity Based Funding
• Queensland Health Performance Framework
  • Surgical Waitlists vs. Out-patient waits
• Segregated clinic system
• Practice Software
Future Considerations

- Standardised approach and priorities
- Utilise Queensland Health Performance Framework to focus discussion/priorities
- See as part of wider/well governed ‘whole of system change’
- Develop as part of long term realignment of ‘whole system
- Integrated Care Pathways
Acknowledgements

• Dr. Lesley Stainkey
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• Outpatient staff TTH
• Clinical reference group
• GPs
Dr Tracy Cheffins

Contact: tcheffins@tmml.com.au